



ARIZONA REGISTRAR of CONTRACTORS

Janet Napolitano, Governor

Michael Goldwater, Director

*** IMPORTANT MESSAGE ***

A.R.S. §23-902 requires that your business must have Workers' Compensation Insurance, if you employ any person. Furthermore, A.R.S. §32-1122.B.1(i), states the qualifications for obtaining a new license or renewing an existing license includes, "Proof that the applicant has complied with the statutes or rules governing Workers' Compensation Insurance."

Please review the following: Check and **SIGN**, the status that applies **OR** check and **SUBMIT** the appropriate **COPY OF CERTIFICATE OR INSURANCE STATEMENT SHOWING POLICY NUMBER AND EFFECTIVE DATE**. In either case, this form must also be submitted. If you do not, we will conclude that your business does not intend to comply with the law and thus your application/renewal will not be processed.

☐ Applicant will secure a "Resolution of Authorization" from the Industrial Commission of Arizona to act as a self-insurer for payment of Workers' Compensation benefits to its employees pursuant to Title 23, Chapter 6, A.R.S. §23-961.A.2. **(COPY OF CERTIFICATE MUST BE ATTACHED AND SUBMITTED ALONG WITH APPLICATION/RENEWAL).**

☐ Applicant will comply by insuring and keeping insured for payment of such compensation with an insurance carrier authorized by the director of insurance to write Workers' Compensation Insurance in this state, pursuant to Title 23, Chapter 6, A.R.S. §23-961.A.2. **(COPY OF CERTIFICATE OR INSURANCE STATEMENT SHOWING POLICY NUMBER AND EFFECTIVE DATE MUST BE SUBMITTED ALONG WITH APPLICATION/RENEWAL).**

☐ Applicant is not presently engaged with work in Arizona, but does agree to comply with Workers' Compensation mandate when work is secured.

Signature X _____

☐ Applicant may employ workers who elect to reject the provisions of the statutes or rules governing Workers' Compensation Insurance and will maintain, in their records, a notice in writing that is signed and dated pursuant to Title 23, Chapter 6, A.R.S. §23-906.A.

Signature X _____

☐ Applicant is self employed and will not employ workers and therefore is exempt from the statutes or rules governing Workers' Compensation.

Signature X _____